1: Nadel E-5 (1934-1936) 1942
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The highest temperature measured in Bida was 106 in the shade, only a few degrees lower than in the hottest (but driest) district of Nigeria, Bornu. The humidity of Bida, on the other hand, almost equals the humidity in the rain-forest belt. The combination of features from south and north which seems characteristic of Nupe country has its most unfavourable aspect in climatic conditions. The influence of the unfavourable climate upon the health of the natives is evident in the large proportion of people suffering from lung trouble and rheumatic diseases. Climate and soil combine to even more deadly effects: full of malaria-carrying mosquitoes, the river forests infested with tsetse-fly, and all watercourses polluted with bilharzia, Nupe is indeed an ill-favoured country.

The tsetse-infected areas have played their part in Nupe history. The forest belt in the south, of which the strips of river forest in Nupe are the northernmost outposts, marks the southern boundary of cattle and horse in Nigeria. The parts of Nupe which are free from tsetse are also safe for horses and cattle (more precisely, the northern breed of cattle, which is not immune from trypanosomiasis). Nupe country, with the neighbouring Ilorin—the southernmost country in which horses can be kept and to which the nomadic Fulani herdsmen can take their cattle—became also the southern outpost of the Fulani Empire, the southernmost stronghold of that race of cattle-people and horsemen whose spectacular conquest of Nigeria was stemmed only by the natural bulwark of the forest belt.

HEALTH AND DISEASE

In the Census of 1931 Nupe appears among the districts with the highest proportion of blindness, leprosy, and insanity.[1] In the case of leprosy the Census estimate of over 5, and possibly over 10, per thousand is hardly exaggerated—even casual observation shows this, although the fear and secrecy that surround this disease among the Nupe make a more precise estimate impossible. Information which I obtained on the spot, from the Medical Officer in charge of Bida Native Administration Hospital, rather went to show that blindness is not more frequent in Nupe than elsewhere in Nigeria. As regards the proportion of insanity, I have seen too few cases to venture any definite opinion. A remark on the nature of the mental disorders, however, may not be without interest. Of the five cases which I have seen three showed clear symptoms of paranoid schizophrenia—strongly delusional thinking, to the extent of persecution mania, combined with violent aggressiveness which appeared and subsided with marked suddenness, and involving no general degeneration of normal intellectual functions. Two cases were simple forms of imbecility.[2]

[1] *Census of Nigeria*, 1931 (London, 1933). The Census figures refer partly to the tribe, i.e. to random samples of Nupe (ii, pp. 110–11), partly to the political district of Bida Emirate (ii, p. 391), and partly to Niger Province as a whole ('Nupe Province' in the old terminology), the population of which consists to two-thirds of Nupe (i, pp. 41–2, ii, p. 38).

[2] See p. 462.

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164 Sleeping sickness is the great scourge of the country. A Sleeping Sickness Commission which visited Nupe in 1936 found 70 per cent. of the people infected—the highest figure in the whole of Nigeria. Bilharzia and other worm diseases are no less widespread. The prominence of venereal diseases is characteristic of Nupe as it is of the whole of Nigeria and indeed of the whole of semi-civilized Africa. Dysentery, malaria, and yaws complete the unhappy picture. It is worth noting, [146] however, that typical deficiency diseases, including boils and ulcers, are comparatively rare. A statistical table, compiled from the attendance figures of the N.A. Hospital and Dispensaries in Bida Division, may illustrate the distribution of the more important diseases occurring in Nupe.

TABLE II

The figures for Bida Hospital refer to in-patients treated during April, July, October 1935 and January 1936. The figures for the Dispensary of Lemu give the attendance in January 1936. For another dispensary (Kutigi) only the order of frequency of the various diseases could be ascertained; it is indicated in the third line by roman numerals.

	Venereal diseases	*Malaria*	*Ulcer, scabies, &c.*	*Bronchitis, pneumonia*	*Dysentery, enterics*	*Eye-diseases*	*Rheumatic diseases*	*Leprosy*	*Bilharzia, worm diseases*	*Various*
Bida Hospital	35	14	15	13	9	3	5	2	80 per cent. of all cases	128
Dispensary Lemu	21	18	3	54	2	2	68	4	?	106
Dispensary Kutigi	II	IV	III	VI	?	V	I	10 cases	?	?

The description of health conditions has a more special bearing on the anthropology of the Nupe people. First, it is of a certain significance in connexion with certain cultural elaborations of the theme of disease among the Nupe;[1] second, it involves relevant questions of mortality and population movement—a subject to which we shall turn presently. Finally, with respect to mental disorders: psychology and sociology have long realized that certain tensions and maladjustments in the social system tend to manifest themselves in the sphere of psycho-pathology. We shall see that this correlation is true also of Nupe society.

POPULATION MOVEMENT

121 It is unnecessary to stress the importance of population studies for the understanding of a society and the nature and working of its institutions. But it may be necessary to justify the inclusion of a discussion on population movement in a chapter on environment. A first justification lies in the fact that, in a study of social organization, environment and popula-

[1] Most instances of this kind, however, I must leave for future publications. To one typical instance, the part which leprosy plays in the mythology and ritual of the *gunnu* cult, I have referred in the description of this cult in '*Gunnu*, A Fertility Cult of the Nupe in Northern Nigeria', in *J.R.A.I.* lxvii, 1937, pp. 91–130.

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In the course of our investigation my wife and I attempted to ascertain further statistical data which could throw light on these points. They were obtained by the method of house-to-house investigation in three selected localities, in the villages Kutigi and Jebba Island, and in one town ward of Bida. The scale of this statistical research, carried out single-handed, was of necessity very limited. Nevertheless, certain significant facts could be ascertained (Tables IV and V).

TABLE IV

	Mothers (age group 30–40)	*Total children born*	*Children alive*	*Children dead*	*Births per mother*	*Live children per mother*
Villages	101	206	108	98	2	1·06
Town	144	230	126	104	1·5	0·8

TABLE V

		Children died at age of					
	Mothers	*Birth*	*1–2*	*3–5*	*6–8*	*9–15*	*Total*
Villages	101	29	25	27	8	9	98
Town	41	21	15	27	7	4	74

Table V shows, first, the distribution of infant mortality over different age groups. Infant mortality in the villages seems, on the whole, considerably lower than in the town, remarkably so at, or shortly after, birth and in the first five years of the infant's life. This seems in the main due to the spread of venereal infection in the town, and also to the effects of abortion and artificial birth restriction which, as we shall see presently, is practised in Bida. The highest mortality, both in urban and rural districts, occurs at the age of 3–5. This peak of mortality seems due primarily to malaria, which is especially fatal at this age.[1]

Table IV (examining a larger group from the urban area) attempts to establish a comparative birth-rate for urban and rural areas. For the low fertility-rate of the Nupe women in general two physiological explanations suggest themselves: first, reduced fertility may be the result of certain endemic or widespread diseases, such as sleeping sickness and gonorrhoea; or second, it may be the result of prenatal deficiency of vitamin E (a vitamin contained, for example, in palm-oil). The effectiveness of these two physiological factors cannot be denied.[2] However, the striking difference in the birth-rate of town and villages demands a different interpretation. The distribution of venereal diseases, definitely higher in the town than in the rural area, would fit into the picture. But of sleeping sickness rather the opposite is true; and the vitamin deficiency

[1] For this information, as for the other medical information in this chapter, I am indebted to Dr. M. Ellis, of the Nigerian Medical Service, who at the time was in charge of Bida N.A. Hospital.

[2] A study of diet among the Nupe has shown that the women's share of the daily meals (i.e. the meals cooked with palm-oil) is only about one-fourth of the men's share.